

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/04/2012	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGewater				STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY RD CARMEL, IN 46033			
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F0000	<p>This visit was for the Investigation of Complaint IN00118496.</p> <p>Complaint IN00118496 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 157, F 282 and F 309.</p> <p>Survey dates: December 3, 4, 2012</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Survey team: Tammy Alley, R.N.</p> <p>Census bed type: SNF: 46 SNF/NF: 40 Total: 86</p> <p>Census payor type: Medicare: 39 Medicaid: 15 Other: 32 Total: 86</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>This serves as the Allegation of Compliance for Kindred Transitional Care & Rehabilitation-Bridgewater for the recent complaint survey dated 12/4/2012.</p> <p>Kindred-Bridgewater asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred-Bridgewater is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred-Bridgewater is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey.</p> <p>The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. Further, we are requesting a desk review for all 3 deficiencies as they were not widespread issues and had contained no harm.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review 12/05/12 by Suzanne Williams, RN						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified for low blood sugars as ordered by the physician, for 1 of 3 residents</p>		F0157	<p>F157 The facility immediately informs the resident; consult with the resident's physician; and if known, notify the resident's legal representative when there are orders to notify</p>		12/17/2012	

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	<p>reviewed for physician notification in a sample of 3. (Resident B)</p> <p>Findings Include:</p> <p>The record for Resident B was reviewed on 12/3/12 at 7:11 a.m.</p> <p>Current diagnoses included, but were not limited to, diabetes.</p> <p>Physician orders dated 9/7/12 indicated to call the physician if the resident's blood sugar was less than 70 at the 2-3 a.m., accucheck.</p> <p>The nursing notes for 9/22/12 indicated the resident's blood sugar at 2 a.m., was 17. The resident was alert and requested a coke. His blood sugar was rechecked and came up to 65. No physician notification was located.</p> <p>On 12/3/12 at 10 a.m., additional information was requested from the Director of Nursing regarding the lack of physician notification of low blood sugar.</p> <p>On 12/3/12 at 10:50 a.m., the Director</p>			<p>physician of certain low and/or high blood sugar readings, and has the potential for requiring physician intervention. 1. Resident B had accu checks performed during stay before and after the named date which physician was notified for blood sugars out of parameters, and then was examined by a physician, whom addressed. 2. All other residents who might be affected were identified through audit and reporting of diabetic diagnosis and call orders on blood sugar results; baseline data identified and no other issues noted. 3. Licensed nursing staff were in-serviced by the Staff Development Coordinator (SDC) by 12/14/12 regarding informing physicians of resident's condition as it relates to call orders of blood sugar results. 4. Daily random observation and monitoring is done by the Nursing Management team, through auditing with audit tools and daily rounding of patients and units to insure that staff is notifying physicians in regards to blood sugar call orders. Negative results from this monitoring are taken through the Quality Improvement process monthly. 5. Completion Date: 12/17/12 Desk Review requested.</p>			

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	<p>of Nursing indicated she was unable to provide any additional information regarding physician notification.</p> <p>This federal tag relates to complaint IN00118496.</p> <p>3.1-5(a)(2)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure blood sugars were obtained as the physician ordered for 3 of 3 residents reviewed for blood sugar results in a sample of 3. (Resident B, C, and D)</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 12/3/12 at 7:11 a.m. Current diagnoses included, but were not limited to, diabetes.</p> <p>Current physician orders indicated the resident was to have an accucheck completed 5 times daily. On the following dates and times the diabetic flow sheet lacked accucheck results: 10/24/12 at 3 a.m. 10/25/12 at 3 a.m. 10/12/12 at 3 a.m.</p> <p>On 12/3/12 at 10 a.m., additional information was requested from the Director of Nursing regarding the</p>		F0282	<p>F282</p> <p>The services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care.</p> <p>1. Resident B received accu checks before and after the named dates until his planned discharge home from facility. Resident C received accu checks before and after the named dates through present. Resident D received accu checks before and after the named dates until his discharge from the facility.</p> <p>2. All other residents who might be affected were identified through auditing and diagnosis reports for diabetic patients; baseline data identified without further issues.</p> <p>3. Licensed nursing staff were in-serviced by 12/14/12 on the above patients by the SDC as well as other diabetic patients and the accu check orders and policy.</p> <p>4. Daily random observation and monitoring is done by the Nursing Management team,</p>		12/17/2012	

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	<p>above blood sugar results.</p> <p>On 12/3/12 at 10:50 a.m., during an interview with the Director of Nursing she indicated she was unable to provide any additional information regarding the above accucheck results.</p> <p>2. The record for Resident C was reviewed on 12/3/12 at 9:06 a.m. Current diagnoses included, but were not limited to, diabetes.</p> <p>The diabetic flow sheet lacked accucheck results on the following dates and times: 10/31/12 at 11 a.m. 11/2/12 at 11 a.m.</p> <p>On 12/4/12 at 8:23 a.m., additional information was requested from the Director of Nursing regarding the above blood sugar results.</p> <p>On 12/4/12 at 9:15 a.m., the Director of Nursing indicated she had no additional information to provide regarding the above accucheck results.</p>			<p>through auditing with audit tools and daily rounding of patients and units to insure that staff is following physician orders regarding accu checks and the written plans of care. Negative results from this monitoring are taken through the Quality Improvement process monthly. 5. Completion Date: 12/17/12. Desk review requested</p>			

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	<p>3. The record for Resident D was reviewed on 12/3/12 at 9:50 a.m.</p> <p>Current diagnoses included, but were not limited to, diabetes.</p> <p>Current physician orders indicated an order to check the resident's blood sugar twice daily. Original date of the order was 3/22/12.</p> <p>The diabetic flow sheets on the following dates and times lacked a blood sugar result:</p> <p>9/6/12 at 4 p.m.</p> <p>9/11/12 at 7 a.m.</p> <p>9/14/12 at 7 a.m.</p> <p>9/18/12 at 7 a.m.</p> <p>10/8/12 at 4 p.m.</p> <p>10/10/12 at 4 p.m.</p> <p>10/22/12 at 7 a.m. and 4 p.m.</p> <p>10/26/12 at 4 p.m.</p> <p>10/27-28/12 at 7 a.m. and 4 p.m.</p> <p>(10/27/12 at 4 p.m. ok)</p> <p>10/29/12 at 4 p.m.</p> <p>11/2 /12 at 4 p.m.</p> <p>11/11/12 at 7 a.m. and 4 p.m.</p> <p>11/15/12 at 7 a.m.</p> <p>11/19/12 at 7 a.m.</p> <p>11/21/12 at 7 a.m. and 4 p.m.</p> <p>11/24/12 at 4 p.m.</p>						

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	<p>On 12/3/12 at 10:30 a.m., additional information was requested from the Director of Nursing regarding the above blood sugar results.</p> <p>On 12/3/12 at 11:19 a.m., she indicated she had no additional information to provide regarding the above blood sugar results.</p> <p>This federal tag relates to complaint IN00118496.</p> <p>3.1-35(g)(2)</p>						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to administer sliding scale insulin as the physician had ordered for 1 of 2 residents reviewed for sliding scale insulin administration in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 12/3/12 at 7:11 a.m. Current diagnoses included, but were not limited to, diabetes.</p> <p>Admission orders dated 9/7/12 indicated a 2 a.m., accucheck was to be completed the following sliding scale insulin was to be administered: 71-110=2 units, 111-17=3 units, 171-200=4 units, 201-225=5 units, 226-250=6 units, 251-275=7 units, 276-300=8 units , 301-325=9 units, 326-350=9 units.</p>		F0309	<p>F309 The facility ensures that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>1.Resident B had received the necessary care and services to attain or maintain his highest state of well-being. Staff administered sliding scale insulin per physician orders before and after the dates listed.</p> <p>2.All other residents who have a diagnosis of diabetes and have sliding scale insulin orders are at risk and are potentially affected by the alleged deficient practice of failure to provide sliding scale insulin per physician orders. These residents were identified through auditing and diagnostic reports and baseline data was obtained with no further issues. This is included in the in-service education being completed at the center.</p> <p>3.Licensed staff was in-serviced by 12/14/12 on providing quality</p>		12/17/2012	

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	<p>The diabetic flow sheet indicated the residents blood sugar results were in the range to receive sliding scale insulin on the following dates and times:</p> <p>9/13/12 at 2 a.m., blood sugar was 76 and no coverage was administered, should have been 2 units.</p> <p>9/14/12 at 2 a.m., blood sugar was 111 and no coverage was administered, should have been 3 units.</p> <p>9/15/12 at 2 a.m. blood sugar was 89 and no coverage was administered, should have been 2 units.</p> <p>9/16/12 at 2 a.m., blood sugar was 72 and no coverage was administered, should have been 2 units.</p> <p>9/17/12 at 2 a.m., blood sugar was 82 and no coverage was administered, should have been 2 units.</p> <p>Physician orders dated 9/18/12 indicated sliding scale insulin coverage at 3 a.m., as follows: 70-120=.5 units, 121-160=1 unit.</p> <p>9/19/12 at 2 a.m., blood sugar was 116 and no coverage was administered, should have been .5 units.</p>				<p>of care services (including providing sliding scale insulin per physician orders) to residents by the SDC.</p> <p>4.Residents quality of care with regards to sliding scale insulin orders is randomly observed and monitored daily by the Nursing management team, this is performed through auditing via use of audit tools and daily rounds on unit. Negative results from this monitoring are taken through the Quality Improvement process monthly.</p> <p>Completion date: 12/17/12desk review requested</p>		

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	<p>9/20/12 at 2 a.m., blood sugar was 99 and no coverage was administered, should have been .5 units.</p> <p>10/3/12 at 2 a.m., blood sugar was 85 and no coverage was administered, should have been 1 unit.</p> <p>Physician orders dated 10/10/12 indicated the 3 a.m., sliding scale insulin coverage was 70-120=1 unit, 121-160= 1.5 units, >160 give 1.5 units and sliding scale insulin.</p> <p>10/13/12 at 3 a.m., blood sugar was 85 and no coverage was administered, should have been 1 unit.</p> <p>10/15/12 at 3 a.m., blood sugar was 146 and no coverage was administered, should have been 1.5 unit.</p> <p>10/17/12 at 3 a.m., blood sugar was 181 and no coverage was administered, should have been 1.5 units and the sliding scale coverage.</p> <p>On 12/3/12 at 10 a.m., additional information was requested from the Director of Nursing regarding the above lack of administration of the sliding scale insulin coverage as ordered.</p>						

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	<p>On 12/3/12 at 10:50 a.m., during an interview with the Director of Nursing she indicated she had no additional information to provide regarding the administration of the sliding scale insulin.</p> <p>This federal tag relates to complaint IN00118496.</p> <p>3.1-37(a)</p>						